



**PARTICIPATING GUEST INFORMATION FORM (PGIF)
LAWRENCE BERKELEY NATIONAL LABORATORY**

Please type or write clearly. Please complete ALL applicable sections.
Any missing or inaccurate information may delay your guest appointment.

SECTION A – GUEST INFORMATION *(To be completed by Guest)*

☐ NEW GUEST ☐ RETURNING GUEST ☐ FORMER EMPLOYEE ☐ EXTENSION OF APPT.

Guest Name: _____ **Guest ID:** _____
First M.I. Last (If returning/former)

Other Names Used (if any): _____ **UC Student ID:** _____

Current Address

Address: _____
City/State/Postal: _____
Country: _____
Phone #: _____
Email: _____

Local Address, if any

Address: _____
City/State/Postal: _____
Country: _____
Phone: _____

Permanent Address *(if different from above)*

Address: _____
City/State/Postal: _____
Country: _____
Phone: _____

Are you currently in the U.S.? ☐ Yes ☐ No

Immigration Information *(please check one)*

☐ U.S. Citizen
☐ U.S. Immigrant If yes please provide:
Green Card #: _____
Green Card Exp Date: _____
☐ Non-Immigrant
If yes please provide:
Visa Control #: _____
Visa Type: _____
Visa Exp Date: _____

Passport Information *(non-immigrant and immigrant only)*

Passport Number: _____
Country of Issue: _____
Expiration Date: _____

Personal Information

Birth Date: _____
(mm/dd/yy)
Gender: ☐ Female ☐ Male
Birth City & Country: _____
Citizenship Country: _____

Emergency Contact Information *(Only used in the event of an emergency)*

Name: _____ Relationship: _____
Address: _____ Phone #: _____
City/State/Zip: _____ Work Ph #: _____
Country: _____ Other Ph #: _____

Visiting Information

Expected Dates* of Visit to LBNL: _____ - _____. * *Berkeley Lab reserves the right to change dates at any times.*
(mm/dd/yy) - (mm/dd/yy)

Do you plan to visit LBNL intermittently during your expected dates as stated above? ☐ Yes ☐ No
(e.g. visit LBNL for 2 consecutive weeks, leave LBNL the following week, and return to LBNL for 3 weeks, etc.)

If yes, will any of your visit(s) be longer than 30 consecutive calendar days? ☐ Yes ☐ No

Reason for Visit: _____

(For example, collaboration on project A or proposal B on contract #123 with John Smith in the Molecular Foundry Organic Facility)

Please continue to page 2



**PARTICIPATING GUEST INFORMATION FORM (PGIF) - CONTINUED
LAWRENCE BERKELEY NATIONAL LABORATORY**

Guest Name: _____

(first, MI, last name)

SECTION B – GUEST FINANCIAL INFORMATION *(To be completed by Guest)*

Please check the appropriate box(es) regarding your financial support:

- ☐ **Currently employed** – Complete #1 ☐ **Student** – Complete #3
☐ **Receiving financial support from a sponsoring affiliation** – Complete #2 & #3

1. Employer Information *(Complete if you are receiving wages from a company)*

Company Name: _____ Job Title: _____
Address 1: _____ Department: _____
Address 2: _____
City/State/Postal: _____
Country: _____

2. Sponsoring Affiliation Information *(Complete if you are receiving funding or financial support from an entity other than your employer – i.e. fellowship or grant)*

Institution Name: _____ Fund Type: _____
Address 1: _____ Amount (\$/mo): _____
Address 2: _____ Date From: _____ To: _____
City/State/Postal: _____ (mm/dd/yy) (mm/dd/yy)
Country: _____

3. Other Funding Sources *(i.e. personal funds)*

School/College (if student): _____ Fund Type: _____
Institution: _____ Date From: _____ To: _____
Amount(\$/mo): _____ (mm/dd/yy) (mm/dd/yy)

INSURANCE AND WORKER'S COMPENSATION DISCLOSURE

THE LAWRENCE BERKELEY NATIONAL LABORATORY IS UNABLE TO PROVIDE WORKER'S COMPENSATION BENEFITS IN THE EVENT OF A WORK INCURRED INJURY TO A PARTICIPATING GUEST, THAT IS, ONE WHO IS NOT ON THE PAYROLL OF THE LABORATORY. In the event of an injury while working at the Laboratory, the individual listed in the section EMERGENCY CONTACT DATA will be contacted. Participating guests at the Berkeley Laboratory are responsible for maintaining valid insurance coverage.

At the end of a project or program, you must stop at the Site Access Office or Division Office as part of the departure procedure to surrender any parking permit, dosimeter, identification badge, keys, and other appropriate administrative material. **Failure to surrender the materials may result in loss of future access privileges.**

I certify that the above information is accurate and complete to the best of my knowledge and belief and that access to Berkeley Lab may be impacted if information is omitted or inaccurate. I understand that Berkeley Lab may verify the information and release them to obtain this information. Furthermore, I understand it is my responsibility to inform Berkeley Lab, in a timely manner, of any changes to my information and appointment as stated. I have read the above disclosure and statement and understand my responsibility.

GUEST'S SIGNATURE

Signature: _____ **Date:** _____

Preparer and/or Translator Certification (To be signed if Sections A & B are prepared by a person other than the guest.) I certify that I have assisted in the completion of this form and that to the best of my knowledge the information is true & accurate.

Preparer's/Translator's Signature

Print Name _____ Signature _____ Date _____



**PARTICIPATING GUEST INFORMATION FORM (PGIF) – HOST
LAWRENCE BERKELEY NATIONAL LABORATORY**

Guest Name: _____

(first, MI, last name)

Please type or write clearly. Please complete ALL applicable sections. Any omission may delay the guest processing.

Section C – Host Information and Authorization (To be completed by LBNL Host)

Please refer to FVA website, <http://www.lbl.gov/ehs/security/ufva/index.shtml>, for more details on host responsibilities.

LBNL Organization and Host Information

Guest Building/Rm #: _____

Orgcode for Guest: _____

Guest LBNL Mail Stop: _____

Host Name: _____

Guest Phone #: _____

Host Empl ID #: _____

Primary Facility Used: _____

Host Phone #: _____

Other Facilities Used: _____

Alternate Host Name: _____

(in the event that daily work is directed by someone other than Host)

Expected Appt. Dates*: _____ - _____ **if known (May be subject to change due to guest availability or visa req.)*

Do you want to offer a monthly stipend?** ☐ No ☐ Yes - **what amount per month?** _____

***May be subject to change based on budget approval & visa req. Please contact your budget approver and IRSO before proceeding.*

Project ID #: _____

Will the guest have access to sensitive subjects? ☐ Yes ☐ No *(If yes, HR-please fax/email to FVA at x5535 or FVA@lbl.gov)*

(Sensitive Subjects List includes the following topics: Nuclear weapons & nuclear fuel cycle; Rockets, missiles & delivery systems; Conventional arms & other defense-related technologies; Chemical & biological weapons; Advanced scientific computers & software; Business-sensitive (proprietary) information; Information & assistance). For more information visit: http://www.lbl.gov/ehs/security/ufva/issm_subjects.shtml

Assignment Information

Job Code: ☐ 100.0 General ☐ 100.2 Scientist ☐ 100.3 Sr. Scientist ☐ 100.4 Adm./Clerical ☐ 100.5 Mgmt
☐ 100.6 GSRA*** ☐ 100.7 Technical ☐ 100.8 Faculty ☐ 100.9 Student
☐ 100.1 Postdoc*** ☐ 100.A Postdoc – Stipend*** ☐ 100.B Postdoc (Paid by fellowship/grant)***

Estimate Average Hours: _____ per ☐ week ☐ month

***If Postdoc or GSRA, is guest working on his/her dissertation or on a LBNL sponsored project? ☐ Yes ☐ No

Additional Information

Guest Class: ☐ CNS Consultant ☐ DOE Emp ☐ FDS Food Serv ☐ FIR Firefighters
☐ PSF PSF User ☐ RES Research ☐ SEC Security ☐ SRV Serv Vendor
☐ STS Staff/Tech ☐ SUB Subcontractor ☐ USR User on Proposal #: _____

Reason for Visit: _____

(For example, collaboration on project A or proposal B on contract #123 with John Smith in the Molecular Foundry Organic Facility)

The host and hosting division are responsible for ensuring that casual visitors or participating guests are aware of and comply with applicable Laboratory policies, including EH&S policies and substance abuse policy. RPM §1.06(A)(1)

Host/Supervisor Signature **Date** **Prepared by:** _____
(if other than host) **Print Name** **Date**

Signature

For Administrative Use Only

(if applicable)

Reviewed by: _____ **Division Approved by:** _____
Print Name Print Name

Signature Date

Signature Date

Participating Guest Agreement

Site access is a privilege granted in accordance with the Laboratory policy and procedure to individuals who do not have regular employee status. This privilege may be withdrawn at any time. Loss of privilege may occur for various

- **All Participating Guests**

- Must have a valid appointment and badge to perform work or conduct research at the Berkeley Lab.
- Must carry a valid badge at all times.
- Must complete the Job Hazard Analysis (JHA) at start of guest appointment and must adhere to all safety requirements for conduct and training.
- Must notify their Host and HR Center (or Division Contact) if they are terminating their guest appointment prior to the end of the appointment.
- Must notify their HR Center (or Division Contact)

of any changes to contact information.

- **Foreign National Guests:**

- Must provide original immigration documents to the Division Contact at the start of the guest appointment.
- Must report any changes to immigration status to the Division Contact and to the International Research & Scholars Office (IRSO) in a timely manner. This includes extensions of or changes to visa status.
- Must provide proof of valid visa status appointments to IRSO **before** their guest appointment can be extended.
- Must notify their Host and Division Contact if they leave the country during their appointment. Guests may need to return their badge in case of a prolonged stay abroad (will be reissued upon return).

- **Guest Departure Requirements:**

- At the end of the guest appointment, participating guests must return their identification badge, parking permit, dosimeter, keys or any other Lab property to their Host or Division Contact **BEFORE** leaving Berkeley Lab.

Failure to surrender these items may result in loss of future access privileges.

Comments: _____

I, (Name) _____ (Guest ID #) _____
acknowledge the I will abide by the above requirements of my guest appointment as well as by the Berkeley Lab's policies and procedures as outlined in RPM §1.06(A)(1).

Guest Signature

Date



INTEGRATED SAFETY MANAGEMENT (ISM)

ERNEST ORLANDO LAWRENCE BERKELEY NATIONAL LABORATORY

LBNL ENVIRONMENT, HEALTH & SAFETY WORK AGREEMENT

I understand that compliance with environmental health and safety policies is required of individuals on Employee, Guest, Visitor and Contract Labor status at the Lawrence Berkeley National Laboratory. I understand that it is my responsibility to obtain the necessary environment, health and safety information and to use this information accordingly. I further understand that I am required to attend the **Introduction to Environment, Health & Safety at LBNL (EHS10)** training course if my association with the Laboratory is expected to extend beyond one month.

By signing this form, I acknowledge that I have been provided with the web addresses to locate and read the required documents online from the LBNL EH&S Division website. I understand that I should read them and discuss the information contained in these documents with my supervisor before performing my work duties.

- ☐ <http://www.lbl.gov/ehs/pub811> - PUB-811, Integrated Safety Management
- ☐ <http://www.lbl.gov/Workplace/RPM/R2.23.html#RTFToC3> - Policy on Substance Abuse in the Workplace

Signature _____

Date _____

Please print name _____

Note: Bring this work agreement to your start appointment.

Further information about environmental health and safety matters may be found on the Environment, Health & Safety (EHS) website , <http://www.lbl.gov/ehs>, from your supervisor and/or by calling the EH&S Division at extension 5514.

Lawrence Berkeley National Laboratory Computer Protection Agreement

All employees, guests, and subcontractors share in the responsibility to protect the Laboratory's information assets and resources and to use LBNL computer resources in a responsible manner. The following security rules are highlights from the formal LBNL computer security policy as enunciated in the applicable Policy Procedure Memos and in the Regulations and Procedures Manual. These rules apply to all LBNL computer users, regardless of the size or location of the computer system involved.

1. As passwords are the key to computer access security, they must not be:
 - 1• Shared with anyone not authorized to access the system in question.
 - 2• Kept in a "public" place where any other person has access or accidental disclosure would be likely.
2. Use LBNL computers for authorized purposes only.
3. Do not use or make copies of unauthorized software. Unauthorized software includes unlicensed commercial software and software that can be used to assist in gaining unauthorized access to computer systems.
4. Do not load or use any software from a source not known to be reliable. Unmoderated public bulletin boards are not reliable sources.
5. Observe all system-specific computer security policies and procedures established by the system manager of any system you use.
6. Do not attempt any unauthorized access to any computer or network systems. This includes unauthorized probes, scans, or attacks of any kind.
7. Do not attempt to read, copy, modify, or delete any data or information unless you have permission to access it. This applies even if the data or information is not protected.
8. If you have reason to suspect an unauthorized access on any system, contact the System Manager or Police Services, x5472, (available 24 hours daily).
9. If you have any questions about these rules, or any computer security matter:
 - 1• Consult the Computer Security Web Pages (<http://www.lbl.gov/cyber>)
 - 2• Contact your supervisor
 - 3• Contact the System Managers of the system involved
 - 4• Contact the LBNL Computer Protection Program (c ppm@lbl.gov)

I have read and understand the foregoing computer security rules. I understand that failure to comply with these rules can result in disciplinary action including possible termination of employment at LBNL.

Signature: _____ Date: _____

Print name: _____

INTELLECTUAL PROPERTY ACKNOWLEDGMENT

This acknowledgment is made by me to The Regents of the University of California, a corporation, hereinafter called "University," in part consideration of my employment, at Lawrence Berkeley National Laboratory (hereinafter LBNL), operated by the University on behalf of the United States Department of Energy (hereinafter "DOE") of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities and/or my receipt of gift, grant, or contract research funds through the University. This acknowledgement pertains to my obligation to assign or otherwise vest ownership in the University of patents, copyrights and technical data developed in the course of my employment at the University, pursuant to the regulations and policies of the University, the DOE, and the Management and Operating Contract DE-AC02-05CH11231 between DOE and the University (hereinafter "M&O Contract").

By execution of this acknowledgment, I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University of California Patent Policy or the University of California Policy on Copyright Ownership, hereinafter called "Policy."

- . I also understand and acknowledge that the University has the right to change the Policy from time to time, including the percentage of net royalties paid to intellectual property creators (hereinafter "inventors"), and that the policy in effect at the time a given intellectual property (hereinafter "invention") is disclosed shall govern the University's disposition of royalties, if any, from that invention. Further, I acknowledge that the percentage of net royalties paid to inventors is derived only from consideration in the form of money or equity received under: 1) a license or bailment agreement for licensed rights, or 2) an option or letter agreement leading to a license or bailment agreement. I also acknowledge that the percentage of net royalties paid to inventors is not derived from research funds or from any other consideration of any kind received by the University. The Policy on Accepting Equity When Licensing University Technology governs the treatment of equity received in consideration for a license.

I acknowledge my obligation to assign inventions that I conceive or develop while employed by University or during the course of my utilization of any University or DOE research facilities or in connection with my use of gift, grant, or contract research funds received through the University. I further acknowledge my obligation to promptly report and fully disclose the conception and/or reduction to practice of inventions to the LBNL Patent Department. Such inventions shall be examined by University to determine rights and equities therein in accordance with the Policy. I shall promptly furnish University with complete information with respect to each.

In the event any such invention shall be deemed by University to be patentable or protectable by an analogous property right, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent or analogous protection thereon, I shall execute any documents and do all things necessary,

at University's expense, to assign to University all rights, title, and interest therein and to assist University in securing patent or analogous protection thereon. The scope of this provision is limited by California Labor Code section 2870, to which notice is given below. In the event I protest the University's determination regarding any rights or interest in an invention, I acknowledge my obligation: (a) to proceed with any University requested assignment or assistance; (b) to give University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I further acknowledge that, pursuant to the University copyright policy, the scope of my employment includes the production of copyrightable materials that are related to my field of work and that I produce in the course of my employment, specifically including, but not limited to, reports, computer software, technical drawings and audiovisual works; that the University, as my employer, is the owner of the copyright in such materials as works for hire; and that the Government is granted a royalty free, non-exclusive license to the materials pursuant to the M&O Contract with DOE.

I acknowledge that I am bound to do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University, including duties with regard to the University's M&O Contract, including my duty to : promptly disclose in writing all inventions made at LBNL; and to secure LBNL patent counsel approval prior to the first public disclosure of an invention.

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I acknowledge that I am bound during any periods of employment by University or for any period during which I conceive or develop any invention during the course of my utilization of any University research facilities, or any gift, grant, or contract research funds received through the University.

In signing this agreement I understand that the law, of which notification is given below, applies to me, and that I am still required to disclose all my inventions to the University.

NOTICE

This acknowledgment does not apply to an invention which qualifies under the provision of Labor Code section 2870 of the State of California which provides that (a) Any provision in an employment agreement which provides that an employee shall assign, or offer to assign, any of his or her rights in an invention to his or her employer shall not apply to an invention that the employee developed entirely on his or her own time without using the employer's equipment, supplies, facilities, or trade secret information except for those inventions that either: (1) Relate at the time of conception or

reduction to practice of the invention to the employer's business, or actual or demonstrably anticipated research or development of the employer; or
(2) Result from any work performed by the employee for the employer. (b) To the extent a provision in an employment agreement purports to require an employee to assign an invention otherwise excluded from being required to be assigned under subdivision (a), the provision is against the public policy of this state and is unenforceable.

In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

Employee/Guest Name (please print)_____

Employee/Guest Signature:_____

Date:_____

Witness Signature:_____

Date:_____

Updated 22-Mar-2007.